

Informed Consent to Release

Notice: Under data privacy laws, certain information is classified as private and is available only to you, to City employees whose work assignments require access, and to entities or agencies authorized by statute to gain access to this information. Completion of this form will allow the person or entity listed below access to information in the custody of the city of Bloomington that relates to you.

I, _____, authorize the City of Bloomington
Name of individual authorizing release

to release and disclose to _____
Name of individual/entity receiving information

the following information:

I agree to hold harmless the City of Bloomington from any liability arising from the release of the information that is in accordance with this Informed Consent to Release.

I understand that I may cancel this *Informed Consent to Release* at any time prior to the release of information and that, in any event, this release expires automatically 90 days after the date of signing.

Signed this _____ day of _____ 19 _____.

Signature of individual authorizing release

Subscribed and sworn to before me, a

Notary Public, on this _____ day

of _____ 20 _____.

Commission expires on _____.

Notary signature

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs and activities. Upon request, this information can be available in braille, large print, audio tape and/or computer disk.